

# 2019 Community Health Needs Assessment

Dallas County, Iowa



**Prepared By-**

**Abigail Chihak, MSW, MPH,**

Dallas County Community Health Administrator

Dallas County Health Department

Contact: [abigail.chihak@dallascountyiowa.gov](mailto:abigail.chihak@dallascountyiowa.gov)



# Acknowledgements

**We would like to thank all those that contributed to this report.**

To the 2019 CHNA Committee:

Abigail Chihak, Dallas County Health Department

Suzanne Hegarty, Dallas County Health Department

Angela Mortoza, Dallas County Hospital

Cindy Peeler, Dallas County Hospital

To the all of our community partners that provided their expertise through interviews, focus groups, and workshops.

4RKids, Broadlawns WIC, City of Adel, City of Clive, City of Dallas Center, City of De Soto, City of Granger, City of Minburn, City of Perry, City of Redfield, City of Van Meter, City of Waukee, City of West Des Moines, Waukee APEX Students, Dallas County Board of Health, Dallas County Emergency Management, Dallas County EMS, Dallas County Health Department, Dallas County Hospital and Family Medicine, Dallas County Restorative Justice & Juvenile Court Services, EveryStep, Food Bank of Iowa, Heart of Iowa Community Services, Hy-Vee West Des Moines Health Market, Iowa Department of Public Health, Iowa healthcare Collaborative, ISU Extension and Outreach, Dallas County, New Opportunities, United Way of Central Iowa, Waukee Area Chamber of Commerce, Waukee Community School District

To all the residents of Dallas County that submitted input on the health needs in the county. DCHD is very appreciative of the willingness of Dallas County residents to participate in the survey.

# Table of Contents

Acknowledgements.....	2
Executive Summary .....	5
Demographics & Geographic Composition .....	6
Social Determinants of Health.....	9
Community & Social Context.....	10
Economic Stability .....	13
Education.....	15
Food .....	17
Health .....	20
Neighborhood & Physical Environment .....	21
Health Behaviors and Disease Prevalence.....	23
Behavioral Factors .....	23
Non-Communicable Disease Prevalence.....	25
Communicable Disease Prevalence .....	27
Mortality .....	28
Highlights from Key Informant Interviews .....	30
Interviews with City/County Leaders .....	30
Peer-Led Student Focus Group .....	32
Key Findings from 2019 CHNA Survey .....	33
Community Health.....	34
Individual Health .....	36
Quality of Life .....	37
Healthier Community Descriptions .....	38
Summary of 2019 CHNA Workshop.....	40
Housing.....	40
Mental Health Stability, Awareness, and Intervention .....	41
Education & Advocacy on Addictions.....	41
Education & Collaboration across Agencies .....	41
Supporting Parents & Caregivers .....	42
Cultural Equity.....	42
Physical Activity .....	42
Food & Nutrition.....	43

Transportation & Mobility .....	43
Recommendations .....	44
Appendix A: List of Tables and Figures .....	45
Appendix B: References .....	46

# Executive Summary

Every three years, in conjunction with the Dallas County Hospital, the Dallas County Board of Health leads a community-wide conversation to better understand the health needs in Dallas County. The findings from this assessment are then used to create objectives and strategies to address the identified needs. This process is called the Community Health Needs Assessment and Health Improvement Plan (CHNA / HIP).

This report contains the results of the 2019 Dallas County Community Health Needs Assessment. We acknowledge that public health work occurs in every sector and not just at the health department. The CHNA is written to present the 2020 Health Improvement Areas with supporting data in a way that any agency can utilize it in creating their own health improvement objectives.

In addition to reviewing the health behaviors and disease prevalence in the county, the 2019 CHNA examines the social determinants of health (SDH) in order to understand the full scope of health needs in Dallas County. The SDH include community and social context, economic stability, food, education, health, and neighborhood and physical environment.

Data for this report was collected through several channels:

- Comprehensive Collection and Review of Data
- Survey of Dallas County Residents
- Key Informant Interviews with City & County Leaders
- Focus Groups with Youth

## **Community partners, through a consensus workshop, decided the nine 2020 Health Priority Areas:**

- Cultural Equity
- Education and Advocacy on Addictions
- Education and Collaboration across Agencies
- Food and Nutrition
- Housing
- Mental Health Stability, Awareness, and Intervention
- Physical Activity
- Supporting Parents and Caregivers
- Transportation and Mobility

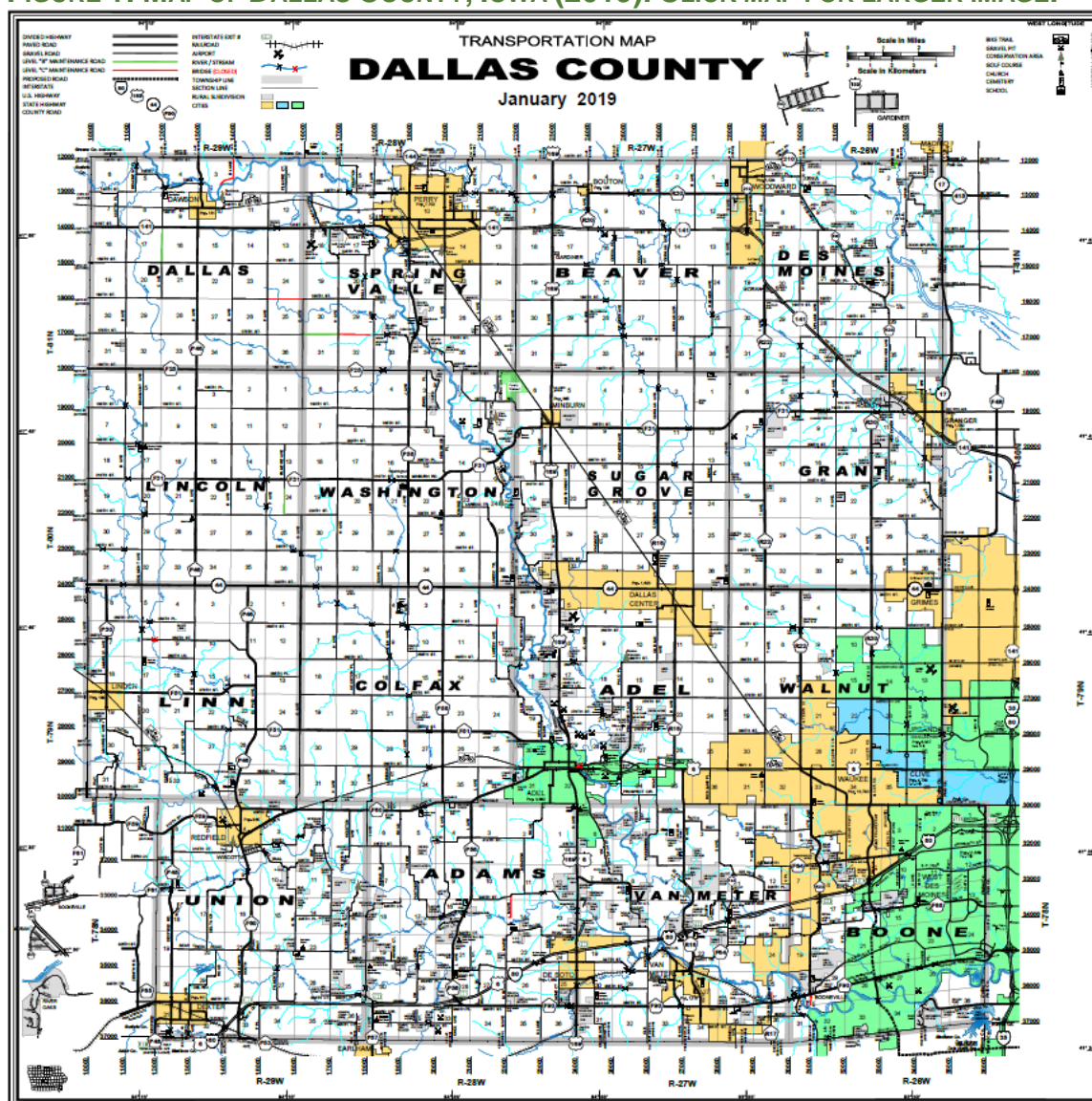
# Demographics & Geographic Composition

Dallas County is a metropolitan county located in central Iowa. With a population estimated at 90,180, Dallas County is the fastest growing county in the state and among the fastest growing counties in the nation. Since the 2010 Census, Dallas County has seen a 36.4% increase in population with the

growth largely focused on the western Des Moines suburbs found in the south east quadrant of the county.

Dallas County is home to 18 incorporated communities listed out in Table 1.

**FIGURE 1: MAP OF DALLAS COUNTY, IOWA (2019). [CLICK MAP FOR LARGER IMAGE.](#)**



# Demographics & Geographic Composition continued

**TABLE 1: DALLAS COUNTY, IOWA POPULATION BY CITY**

City	Population (2018)	Population Change (2010-2018)	Percent of Total Population
Adel	4954	34.55%	5.49
Bouton	119	-7.75%	0.13
Clive	17,097*	10.68%	--
Dallas Center	1714	5.61%	1.90
Dawson	123	-6.11%	0.14
De Soto	1000	-4.76%	1.11
Dexter	569	-6.87%	0.63
Granger	1420	14.15%	1.57
Grimes	13,562*	64.47%	--
Linden	200	0.50%	0.22
Minburn	343	-6.03%	0.38
Perry	7456	-3.19%	8.27
Redfield	795	-4.79%	0.88
Urbandale	43,969*	11.37%	--
Van Meter	1181	16.24%	1.31
Waukee	22,810	65.41%	25.29
West Des Moines	66,641*	17.72%	--
Woodward	1420	38.67%	1.57
<b>Total</b>	<b>90,180</b>	<b>36.36</b>	<b>100</b>

Source: 2018 U.S. Census Estimates. \*Entire city population, including portions in other counties

Dallas County has grown not just in population but in diversity as well. Among Dallas County residents, 10% speak a language other than English in their home<sup>1</sup>.

- 4.6% speak Spanish
- 2.3% speak another Indo-European language
- 2.3% speak an Asian or Pacific Island language
- 0.7% speak another language including Native American, Arabic, and African languages

## Top languages spoken in the home in the Des Moines-West Des Moines MSA<sup>1</sup>:

1. English: 480,271 (89%)
2. Spanish: 28,448 (5.3%)
3. Asian and Pacific Island Languages (Chinese, Thai, Laotian, Vietnamese, Burmese, and more): 12,161 (2.3%)
4. Other Indo-European Languages (French, German, Serbo-Croatian, Indic languages, and more): 12,019 (2.2%)
5. Other Languages (Arabic, African languages, Native American languages, and more): 4,854 (1%)



## Demographics & Geographic Composition continued

**TABLE 2: POPULATION BY AGE**

Age Range (Years)	Dallas County	Des Moines- West Des Moines MSA	State of Iowa	United States
Under 5	8%	7.2%	6%	6.2%
5-9	8.1%	7.2%	7%	6.4%
10-14	8%	7.1%	7%	6.5%
15-19	6.2%	6.4%	7%	6.6%
20-24	4.6%	6.2%	7%	7.0%
25-34	15%	14.9%	13%	13.7%
35-44	15.5%	13.6%	12%	12.7%
45-54	13.2%	13.2%	13%	13.4%
55-59	5.4%	11.6%	7%	6.7%
60-64	4.8%	9.7%	6%	6.0%
65-74	6.5%	7.2%	9%	8.6%
75-84	3.2%	1.5%	5%	4.4%
85+	1.6%	1.7%	2%	1.9%
Median Age (Years)	35.1	35.7	38.1	37.8

Source: American Community Survey 5 Year Estimates, 2013-2017

**TABLE 3: POPULATION BY RACE & ETHNICITY**

Race/Ethnicity	Dallas County	Des Moines- West Des Moines MSA	State of Iowa	United States
White/Caucasian	93%	90%	92%	76%
Black/African American	3%	5%	4%	14%
American Indian or Alaska Native	1%	<1%	1%	2%
Asian	4%	4%	3%	6%
Native Hawaiian or other Pacific Islander	<1%	<1%	<1%	<1%
Other	1%	1%	1%	5%
Hispanic or Latino	6%	7%	6%	18%
Non Hispanic or Latino	94%	93%	94%	82%

Source: American Community Survey 5 Year Estimates, 2013-2017



# Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work, and age<sup>1</sup>. Factors including economic stability, neighborhood and physical environment, education, food, community and social context, and the health care system all influence the health outcomes of Dallas County residents<sup>2</sup>. Studies further exploring the social determinants of health have found that health behaviors, social, and economic factors are the primary contributor to health outcomes<sup>2</sup>. This section will explore each social determinant utilizing data on Dallas County residents. When available, data will be provided to compare Dallas County to counties of similar population size or geography, the state, and the nation. Additionally, data will be provided to show trends over time when available.



## Community & Social Context

Community and Social Context indicators include those that look at social integration, support systems, community engagement, discrimination, and stress.

Social support has been associated with lower rates of morbidity and mortality<sup>3</sup>. When asked several questions relating to their social support, youth in Dallas County answered comparably to youth across the state.

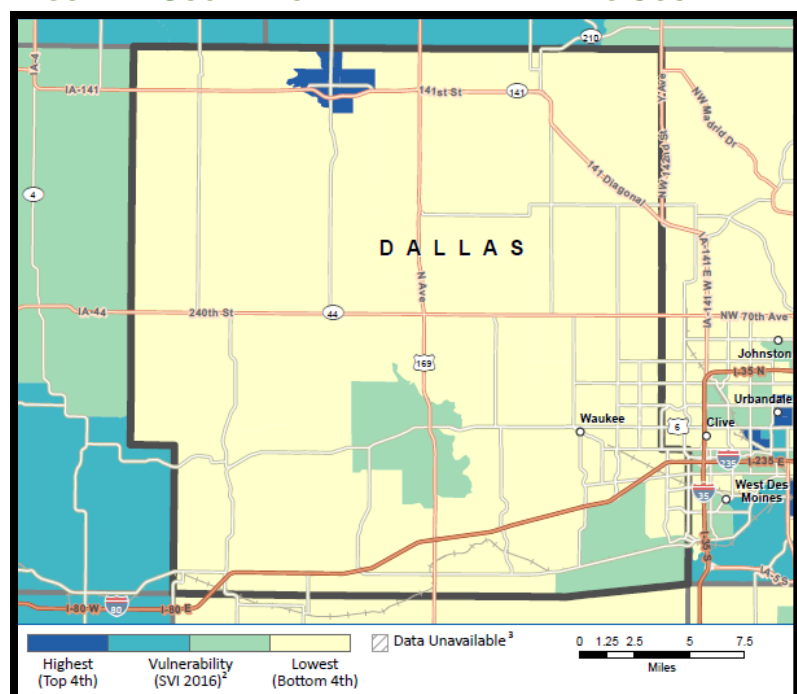
**TABLE 4: YOUTH IDENTIFIED SOCIAL SUPPORT IN DALLAS COUNTY, GRADES 6-11**

	Dallas County	State of Iowa
Agree that they have a happy home	93%	90%
Agree that they feel very close to at least on parent / guardian	94%	91%
Agree that they can talk about things that bother them or that they do not understand with someone in their home	86%	84%
Agree that they can get help and support when they need it from someone in their home	92%	90%

Source: Iowa Youth Survey, Dallas County Results, 2018

The Center for Disease Control and Prevention utilizes the Social Vulnerability Index to assess and identify socially vulnerability communities. Social Vulnerability includes factors such as socioeconomic status, household composition, race/ethnicity/language, and transportation that weaken a community's ability to respond in an appropriate level in event of a disaster or disease outbreak. Figure 1 shows the levels of vulnerability around Dallas County.

**FIGURE 1: SOCIAL VULNERABILITY IN DALLAS COUNTY**



Source: CDC's Social Vulnerability Index, 2016

## Community & Social Context continued

According to the Gallup-Sharecare State of American Well-being the overall wellbeing of residents in the Des Moines-West Des Moines Metropolitan Statistical Area (including Dallas County) has stayed consistent over the last three years. However, sub-scores for social and purpose well-being were lower than they have been in the past<sup>4</sup>.

When compared to 185 other metropolitan statistical areas across the United States, the Des Moines-West Des Moines MSA is doing well with financial and community well-being, ranking 15 and 20 respectively. However, purpose, social, and physical well-being scores demonstrate room for improvement at 89, 150, and 112 respectively. Overall well-being for the MSA is in the second quintile, ranked 52 of all 186 MSAs studied.

### The Five Components of Well-Being

**Purpose:** liking what you do each day and being motivated to achieve your goals

**Social:** having supportive relationships and love in your life

**Financial:** managing your economic life to reduce stress and increase security

**Community:** liking where you live, feeling safe, and having pride in your community

**Physical:** having good health and enough energy to get things done daily

**TABLE 5: GALLUP WELL-BEING INDEX, DES MOINES-WEST DES MOINES MSA, 2018**

	Well-Being Index Score	Purpose Rank	Social Rank	Financial Rank	Community Rank	Physical Rank
<b>Des Moines-West Des Moines MSA</b>	62.6	89	150	15	20	112

Source: Gallup-Sharecare State of American Well-Being, 2017

### PROGRAM HIGHLIGHT: HEALTH NAVIGATION

Dallas County Health Navigation is available to assist any Dallas County resident to solve problems and access resources in the community that will help them live a healthier life. The top needs navigators assisted residents with in FY19 include: Food, Health, Housing, Mental Health, Utility Assistance, and Transportation. In FY19, navigators assisted 570 residents with 1,341 needs.

## Community & Social Context continued

Adverse childhood experiences can influence the risk for long-term health problems. Over the last four years, the number of reports for child abuse and neglect in Dallas County have increased 35%. However, the number of reports that were founded or confirmed has remained steady. 42.4% of child victims of confirmed or founded abuse were 5 years old and younger<sup>5</sup>. Denial of critical care is the most commonly reported type of abuse among both child and dependent adults.

**TABLE 6: CHILD ABUSE AND NEGLECT IN DALLAS COUNTY, 2015-2018**

	2018 Counts	2017 Counts	2016 Counts	2015 Counts
<b>Reports of Child Abuse or Neglect</b>	<b>458</b>	<b>415</b>	<b>380</b>	<b>339</b>
Confirmed Cases	24	15	22	9
Founded Cases	68	92	67	64
Family Assessments Completed	92	100	88	94
Not Confirmed Cases	274	208	203	172
Children Involved (count of unique individuals included in child abuse or neglect reports)	501	471	455	444
Children Involved (count of each victimization included in child abuse or neglect reports)	706	614	575	569
<b>Type of Abuse, Confirmed or Founded</b>	<b>206</b>	<b>236</b>	<b>164</b>	<b>156</b>
Denial of Critical Care / Neglect	113	139	109	120
Dangerous Substance	25	9	--	--
Physical Abuse	29	46	27	16
Presence of Illegal Drugs in Child's System	7	12	13	11
Sexual Abuse	18	30	15	9
Allows Access by Registered Sex Offender	10	0	0	0
Allows Access to Obscene Materials	3	--	--	--
Mental Injury	1	0	0	0
Child Sex Trafficking	0	--	--	--
Prostitution of a Child	0	--	--	--
Bestiality in the Presence of a Minor	0	--	--	--

Source: Iowa Department of Human Services, Child Welfare Data Report

# Economic Stability

Economic Stability indicators include employment, income, expenses, debts, medical bills, and financial support. Financial stability provides access to health-related resources, healthy foods, a safe environment to live, and healthcare.

In Dallas County, the median income is \$82,719 and the average poverty rate is 5.4%<sup>1</sup>. While Dallas County is doing well at large (Table 8), there is wide variation across the county (Table 7).

The GINI Index measures the distribution of incomes across a population to identify areas of inequality on a scale of 0-1 (0=complete equality). The GINI index for Dallas County is comparable to the average for the state.

**TABLE 7: DALLAS COUNTY ECONOMIC INDICATORS BY CITY**

City	Median Income	Poverty Rate	ALICE & Poverty Rate
Adel	\$60,701	9.8%	39%
Bouton	\$46,458	3.5%	--
Clive	\$94,907	5.9%	24%
Dallas Center	\$70,772	3.9%	26%
Dawson	\$39,219	3.3%	--
De Soto	\$61,319	3.6%	39%
Dexter	\$63,125	12.3%	36%
Granger	\$76,806	7.7%	38%
Linden	\$54,375	8.1%	--
Minburn	\$55,694	10.1%	54%
Perry	\$42,442	14.5%	54%
Redfield	\$52,375	12.3%	43%
Urbandale	\$85,423	5.7%	24%
Van Meter	\$89,875	2.4%	25%
Waukee	\$91,875	3.5%	25%
West Des Moines	\$73,764	6.2%	29%
Woodward	\$60,298	18.1%	34%

Source: American Community Survey 5 Year Estimates, 2013-2017

**TABLE 8: ECONOMIC INDICATORS BY COUNTY**

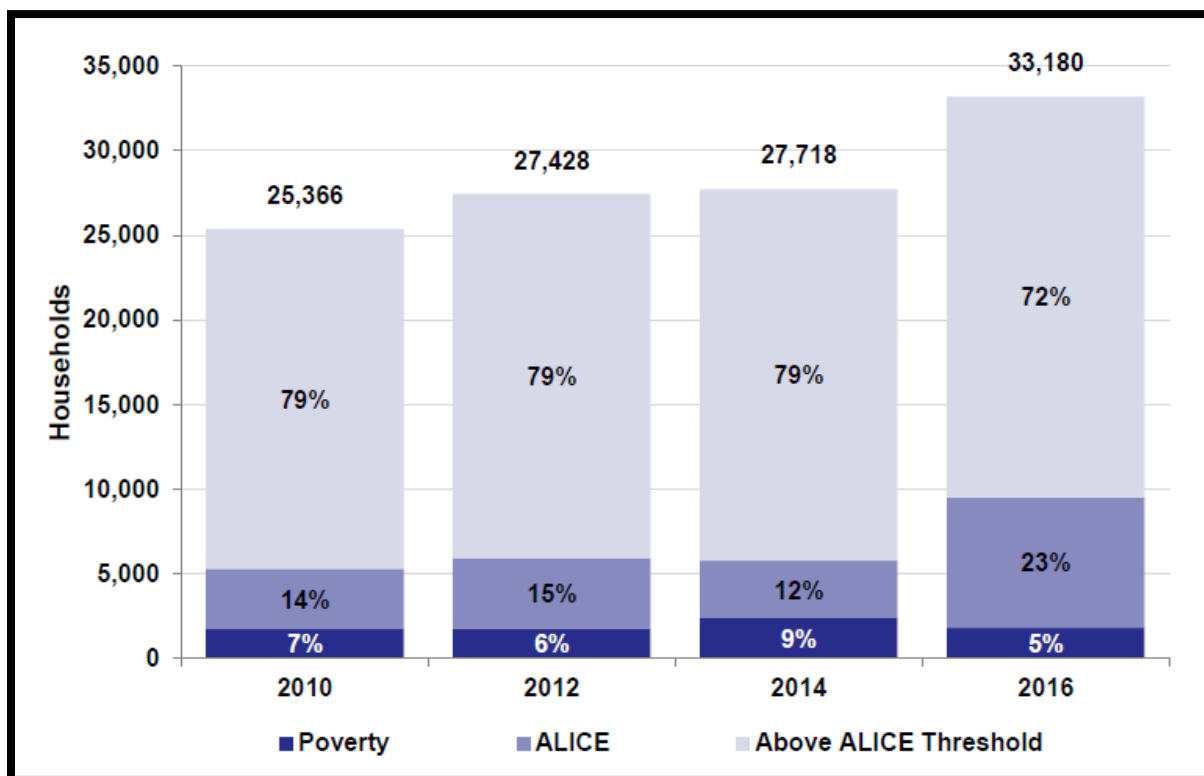
	Dallas County	Dubuque County	Story County	State of Iowa
Unemployment Rate <sup>1</sup>	2.1%	3%	2%	3.1%
Child Poverty Rate <sup>1</sup>	4.8%	10.7%	7.6%	12.6%
Median Income <sup>2</sup>	\$82,719	\$59,150	\$52,671	\$56,570
GINI Index <sup>2</sup>	0.4332	0.4366	0.4677	0.4427

Source: <sup>1</sup>Kids Count Data Center (2017), <sup>2</sup>American Community Survey 5 Year Estimates (2013-2017)

## Economic Stability continued

Among Dallas County residents, the rate of those meeting ALICE criteria is increasing as seen in Figure 2. ALICE households (asset limited, income constrained, employed), are those that, while above the federal poverty line, are still unable to afford the basic cost of living.

**FIGURE 2: DALLAS COUNTY ALICE HOUSEHOLDS, 2016**



Source: 2018 ALICE Report, County Pages, Dallas County



# Education

Education indicators include those that examine literacy, language, early childhood education, vocational training, and higher education. Health and education are linked cyclically; health influences the ability to learn, and education influences the acquisition of health knowledge and literacy.

Quality pre-school and pre-kindergarten programs can improve school readiness for 3-4 year olds. In Dallas County, 47.8% of 3-4 year olds are enrolled in a pre-school program<sup>6</sup>. This is comparable to the state average of 47.5%.

Students that are not able to read proficiently by fourth grade are more at risk to drop out of high school, reducing their potential earnings and opportunities for economic growth across their lifespan<sup>7</sup>. Similarly, proficiency in eighth grade math skills can influence graduation rates, college attendance, and employment outcomes. Dallas County students are performing above the state average for reading and math proficiency, and graduation rate.

Up to half of printed 4<sup>th</sup> grade curriculum is incomprehensible to students that read below grade level<sup>7</sup>.



Children that cannot read at grade level by the end of 3rd grade are **4 times less likely** to graduate from high school<sup>7</sup>.

Every student that does not complete high school costs society an estimated **\$260,000** in earnings, taxes, and productivity<sup>7</sup>.

**TABLE 9: EDUCATION INDICATORS BY COUNTY**

	Dallas County	Dubuque County	Story County	State of Iowa
4 <sup>th</sup> Reading Grade Proficiency	83.2%	72.0%	88.1%	75.3%
8 <sup>th</sup> Math Grade Proficiency	86.7%	79.6%	85.2%	76.1%
Graduation Rate	96.6%	91.8%	94.0%	91.1%

Source: Kids Count Data Center (2017)



## Education continued

In Dallas County, K-12 students attended public school in nine districts in the 2018-2019 school year. Saint Patrick's Catholic School in Perry and Saint Francis of Assisi School in West Des Moines also serve students in Dallas County.

**TABLE 10: PUBLIC SCHOOL DISTRICTS SERVING DALLAS COUNTY, IOWA**

School District	Student Population (2018-2019)	Percent Change (2014-2018)	Graduation Rate (2017-2018)	4 <sup>th</sup> Grade Reading Proficiency	8 <sup>th</sup> Grade Math Proficiency
Adel-DeSoto-Minburn	1798	17.5%	97.62%	81.9%	84.9%
Dallas Center-Grimes	2933	24.7%	96.92%	84.6%	88.7%
Earlham*	575	-0.11%	100.0%	77.4%	82.7%
Panorama*	697	-0.03%	98.31%	67.4%	69.7%
Perry	1812	-0.01%	98.74%	63.1%	64.9%
Van Meter	724	27.8%	100.0%	91.2%	86.2%
Waukee	11,198	27.6%	98.50%	84.1%	86.2%
West Central Valley*	962	0.02%	98.00%	82.5%	81.4%
Woodward Granger	935	0.01%	100.0%	94.9%	80.3%

Source: Iowa Department of Education. \* School district serves multiple counties.

Educational attainment contributes to health by influencing an individual's psycho-social environment, working conditions, and health knowledge, literacy, and behaviors<sup>8</sup>. In Dallas County, 95% of residents over the age of 25 have attained a high school diploma or higher (Table 11).

**TABLE 11: EDUCATIONAL ATTAINMENT BY COUNTY**

	Dallas County	Dubuque County	Story County	State of Iowa
<b>Percent high school graduate or higher</b>	<b>95.4%</b>	<b>92.3%</b>	<b>96.8%</b>	<b>91.8%</b>
Less than 9 <sup>th</sup> grade	2.2%	2.5%	0.9%	3.2%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	2.4%	5.2%	2.3%	5.0%
High School Graduate (includes equivalency)	18.5%	33.2%	18.8%	31.5%
Some college, no degree	17.8%	19.7%	18.1%	21.3%
Associate's degree	10.0%	9.3%	9.3%	11.3%
Bachelor's degree	34.5%	19.6%	27.6%	18.7%
Graduate or professional degree	14.6%	10.4%	23.0%	9.0%

Source: American Community Survey 5 Year Estimates, 2013-2017

# Food

Food indicators include those that explore hunger and access to healthy options.

Food security is defined by the USDA as a disruption of food intake or eating patterns because of lack of money and other resources. There are two categories of food insecurity: low food insecurity, those that report reduced quality, variety, or desirability of diet; and, very low food security, those that report multiple instances of disrupted eating patterns and reduced food intake<sup>9</sup>.

According to the U.S. Census and Feeding America,



In Dallas County, individuals experiencing food insecurity accumulate an additional \$1,400 in health care expenditures on average annually<sup>10</sup>.

Fruits and vegetables are important components of a healthy diet. Farmer's Markets and Farm to School programs are several ways to increase access to, and consumption of, fruits and vegetables. In the 2015, the Farm to School Census reported two Dallas County school districts indicated plans to start a program to increase fresh, local, produce and nutrition education for their students.

**TABLE 12: NUTRITION INDICATORS, STATE & NATIONAL**

	Iowa Metric	National Metric
Number of Farmers Markets per 100,000 residents	7.3	2.7
Percentage of Farmer's Markets Accepting WIC Farmer's Market Nutrition Program Vouchers	34.9%	30.8%
Percentage of School Districts Participating in Farm to School Programs	29.2%	41.8%
Percentage of adults meeting the daily fruit intake recommendation	10.7%	12.2%
Percentage of adults meeting the daily vegetable intake recommendation	7.0%	9.3%

Source: CDC State Indicator Report on Fruits & Vegetables, 2018

## Food continued

When compared, there was a significant difference in the percentage of men and women meeting the daily intake recommendation of fruits and vegetables. Additionally, there was a significant difference in the percentage of those ages 18-30 and those 51+ meeting the daily intake recommendation of fruit and vegetables.

**TABLE 13: DIETARY INTAKE RECOMMENDATION ACHIEVEMENT, STATE & NATIONAL**

State	Sex		Age Group		
	Male	Female <sup>R</sup>	18-30	31-50	>51 <sup>R</sup>
Percentage of Adults Meeting Federal Vegetable Intake Recommendations, 2015					
National	7.6	10.9*	6.7*	8.8*	10.9
Iowa	5.3	8.8*	4.7*	5.8*	9.1
Percentage of Adults Meeting Federal Fruit Intake Recommendations, 2015					
National	9.2	15.1*	9.2*	13.8	12.4
Iowa	7.0	14.3*	7.3*	11.1	11.9

Source: MMWR Morbidity and Mortality Weekly Report, 2017<sup>1</sup>

<sup>R</sup>Reference Group, \*p<0.05 for t-test comparing difference by demographic group to the reference group.

Food assistance programs help to improve nutrition among low-income individuals by decreasing financial barriers to access of healthy foods. These programs are frequently supplemented with additional nutrition education to help participants select and prepare nutritious meals.



**TABLE 14: FOOD ASSISTANCE PROGRAM UTILIZATION, STATE & NATIONAL**

	Iowa	National
Food Assistance (SNAP) Participation	88%	85%
Special Supplemental Nutrition Program for Women, Infant, and Children (WIC) Participation	47%	55%

Source: 2019 State of Obesity Report



## Food continued

School lunch programs provide the nutrition students need to be productive throughout the school day. These programs help to improve dietary intake with nutritionally balanced meals. Schools also work to reduce food insecurity through the free or reduced price lunch program for low-income students.

Among children, rates of food insecurity are higher in the summer when they do not have access to school lunch. To address this, many schools participate in the summer meal program to meet the daily nutrition needs of their students. In Dallas County, eight summer meal sites serve students in Waukee, Perry, Panorama, and West Central Valley school districts.

**TABLE 15: FREE & REDUCED LUNCH BY PUBLIC SCHOOL DISTRICT**

School District	K-12 Student Eligible for Free-Reduced Lunch	Percentage of Students Eligible for Free-Reduced Lunch
Adel-DeSoto-Minburn	376	19.96%
Dallas Center-Grimes	540	17.33%
Earlham*	147	25.48%
Panorama*	260	38.07%
Perry	1247	74.4%
Van Meter	94	10.83%
Waukee	1729	15.98%
West Central Valley*	134	51.54%
Woodward Granger	169	15.27%
<b>Total</b>	<b>4696</b>	<b>22.4%</b>

Source: Iowa Department of Education, 2018-2019

\*School serve students in multiple counties.

### PROGRAM HIGHLIGHT: POP UP PRODUCE



Pop Up Produce stands are mobile produce stands providing an additional source of fresh fruits and vegetables to four communities in Dallas County.

The goal of the stand is to increase the consumption of fruits and vegetables among Dallas County residents by increasing access in rural food deserts.

Excess produce is donated to local pantries and the senior produce box program to supplement options.

Between January-August 2019,

- 13,316 total pounds of produce was provided to Dallas County residents
  - 12,032 sold at a Pop Up Produce Stand
  - 5,234 donated to local pantries
  - 1,284 donated to the Senior Produce Box program

When surveyed, 77% of individuals indicated that their families eat more fruits and/or vegetables due to the availability of the stand.

Pop Up Produce is funded through the United Way of Central Iowa.

# Health

Health indicators include those that measure health coverage, provider availability, provider linguistic and cultural humility, and quality of care.

Dallas County has high rates of health care coverage with 96.5% of residents holding some form of health insurance coverage<sup>1</sup>.

A Health Provider Shortage Area (HPSA) is defined as a geographic area, population or facility with a shortage of primary, dental or mental health providers and services. In Dallas County, the Perry Service Area is designated as a primary care HPSA. Redfield Medical Clinic is considered a HPSA facility for primary care, dental care, and mental health<sup>12</sup>.

Rural Health Clinics (RHCs) are established to increase access to primary care services in rural

communities. Perry, Redfield, and Dallas Center are home to the RHCs available in Dallas County.

Mental Health services in Dallas County are coordinated through Heart of Iowa Community Services. In FY19, 183 individuals were diverted from jail, 99 individuals were assisted through mobile crisis services, and 179 individuals were helped in the crisis center.

Among Dallas County Medicaid recipients under the age of 21, only 49.8% received dental or oral health services in 2018. Among those under the age of 5 years, only 39.8% received any dental or oral health services. For comparison, the state average of Medicaid recipients under the age of 21 receiving dental or oral health services was 54%; 49.9% for those under the age of 5 years<sup>13</sup>.

**TABLE 16: ACCESS TO HEALTH CARE BY COUNTY**

	Dallas County	Dubuque County	Story County	State of Iowa
Percentage of uninsured children <sup>1</sup>	1.9%	2.4%	1.8%	3.4%
Percentage of adults under age 65 without health insurance <sup>2</sup>	5%	5%	5%	6%
Ratio of population to dentists <sup>2</sup>	3970:1	1370:1	2170:1	1520:1
Ratio of population to primary care physician <sup>2</sup>	1590:1	1330:1	1450:1	1390:1
Ratio of population to mental health providers <sup>2</sup>	3230:1	670:1	520:1	700:1
Ratio of population to primary care providers other than physicians <sup>2</sup>	4846:1	1103:1	2075:1	1085:1

Source: <sup>1</sup>Kids Count Data Center (2017), <sup>2</sup>County Health Rankings (2019)

# Neighborhood & Physical Environment

Neighborhood and Physical Environment indicators includes those that look at housing, transportation, safety, parks, playgrounds, walkability, and zip-code/geography.

According to the 2019 State of Obesity Report<sup>11</sup>, 78% of Iowa children live in neighborhoods with sidewalks/walking paths; 76% live in neighborhoods with parks/playgrounds. A study published by the American Journal of Public

Health found that 43% of people with safe places to walk within 10 minutes of home met the recommended activity guidelines compared to just 27% of those without safe spaces to walk<sup>14</sup>.

The average walk score in Dallas County is 28, indicating that most residents are car-dependent. However, there is wide variability across the county (Table 17).

**TABLE 17: DALLAS COUNTY WALKABILITY AND BIKEABILITY BY CITY**

	Walk Score®	Bike Score®
Adel	60	63
Bouton	7	32
Clive	37	46
Dallas Center	44	58
Dawson	7	48
De Soto	18	26
Dexter	28	40
Granger	31	36
Grimes	42	55
Linden	3	48
Minburn	21	53
Perry	72	--
Redfield	20	60
Urbandale	63	56
Van Meter	25	37
Waukee	40	--
West Des Moines	31	37
Woodward	39	57

Source: WalkScore.com

## Walk Score® Key:

- 90-100:** Walker's Paradise, daily errands do not require a car
- 70-89:** Very Walkable, most errands can be accomplished on foot
- 50-69:** Somewhat Walkable, some errands can be accomplished on foot
- 25-49:** Car Dependent, most errands require a car
- 0-24:** Car dependent, almost all errands require a car

## Bike Score® Key:

- 90-100:** Biker's Paradise, Daily errands can be accomplished on a bike
- 70-89:** Very Bikeable, Biking is convenient for most trips
- 50-69:** Bikeable, Some bike infrastructure exists
- 0-49:** Somewhat Bikeable, minimal bike infrastructure exists



## Neighborhood & Physical Environment continued

According to the Department of Housing and Urban Development (HUD), housing burden is characterized by housing costs exceeding 30% of the household income. In Dallas County, 1 in 5 households are facing housing burden. As of October 2019, Central Iowa Regional Housing Authority (CIRHA) was assisting 368 families in Dallas County to meet their housing needs<sup>15</sup>; 76% of assisted households were located in the Waukee/West Des Moines suburbs.

**TABLE 18: HOUSING BURDEN IN DALLAS COUNTY**

	Dallas County <sup>1</sup>	State of Iowa <sup>2</sup>
Housing Burdened Renters	37.9%	44%
Housing Burdened Owners	14.2%	16%

Source: American Community Survey; <sup>1</sup>2013-2017 estimates, <sup>2</sup>2016 estimates

Transportation is a key factor of health.

Transportation infrastructure helps us get from one place to another, to medical appointments, to safe places to be active. Investment in sidewalks, bike lanes, and public transit can influence health positively.

In Dallas County, HIRTA Public Transit provides the public transportation services for residents. In FY18, 28,956 rides were provided to Dallas County residents. SAIL-DC also provided transportation services to residents in Dallas Center and surrounding areas. In 2019, 196 rides were provided.

### PROGRAM HIGHLIGHT: SAIL-DC



In August of 2017, volunteers in Dallas Center initiated the non-profit Sustaining Active Independent Living in Dallas Center (SAIL-DC) with the mission to provide transportation and other charitable services to the residents of Dallas Center and the surrounding area, in order to help them remain in their homes and maintain their independence and dignity.

In 2019, SAIL-DC provided 196 rides to individuals in Dallas Center and the surrounding area, logging 5,461 miles.



SAIL-DC expanded their services in 2018 to include snow removal to help prevent residents from falling on the slick snow and ice. This program engages youth from school, providing them with opportunities for volunteerism and physical activity.



# Health Behaviors and Disease Prevalence

## Behavioral Factors

Behavioral risk factors are lifestyle choices and habits that can increase the risk of non-communicable, or chronic, diseases. The most commonly assessed factors include overweight and obesity, smoking, physical inactivity, and risky alcohol consumption.

**TABLE 19: BEHAVIORAL RISK FACTORS, BY COUNTY**

	Dallas County	Dubuque County	Story County	Iowa
Annual Routine Exam <sup>A</sup>	73.1%	72.7%	64.7%	--
Physical Inactivity	21.9%*	24.2%*	19.7%*	25% <sup>a</sup>
Smoking (Adults) <sup>B</sup>	12.8%	12.6%	12.0%	17.1% <sup>∞</sup>
Gambling <sup>C</sup>	35.4%	41.7%	21.2%	--
Binge Drinking <sup>D</sup>	25.9%	27.6%	20.1%	21.1% <sup>∞</sup>
Lack of Sleep (< 7 hours)	26%	28%	26%	28%
Commute more than 30 minutes alone	23% <sup>x</sup>	11% <sup>x</sup>	19% <sup>x</sup>	20% <sup>x</sup>

Sources: Behavioral Risk Factor Surveillance System (2012-2015), \*County Health Rankings (2018), <sup>x</sup>County Health Rankings (2019), <sup>∞</sup>Behavioral Risk Factor Surveillance System (2017), <sup>a</sup>America's Health Rankings (2018);

Definitions: <sup>A</sup>Routine medical exam completed within the last 12 months. <sup>B</sup>Current adult smokers only. <sup>C</sup>Gambling or betting money or possessions in the past 12 months.

<sup>D</sup>Consuming four or more drinks for women or five or more drinks for men in one sitting.

**Table 20: Behavioral Risk Factors in Youth**

There has been a statistically significant decrease in alcohol use, binge drinking, cigarette use, and gambling among youth in Dallas County since 2012. Dallas County rates of behavioral risk factors among youth are not significantly different from the state averages.

	Dallas County
Alcohol Use in Past 30 Days	9.6%
Binge Drinking in Past 30 Days	3.7%
Cigarette Use in Past 30 Days	1.1%
Marijuana Use in Past 30 Days	3.9%
Gambling ever	22.5%

Source: Iowa Youth Survey (2018)

## Behavioral Factors continued

Immunization is a protective factor against many infectious diseases. By immunizing the majority of the population, those that are unable to receive the vaccine due to age or low immune functioning are protected through herd immunity.

**TABLE 21: IMMUNIZATION RATES, BY COUNTY**

Immunization Variables	Dallas County	Dubuque County	Story County	Polk County	Iowa
Percent of population received influenza vaccine	28.6%	38.7%	38.8%	38.6%	38.2%
Percent of adolescents age 13-15 with complete HPV vaccine series	51.3%	29.9%	46.1%	47.1%	42.9%
Percent of students k-12 with complete certificate of immunization	97.13%	96.25%	95.33%	99.1%	95.58%
Percentage of children in childcare with a complete certificate of immunization	95.97%	91.62%	97.54%	95.7%	93.9%
Percentage of 2 year olds with a complete vaccine series <sup>1</sup>	78.5%	61.4%	84.2%	77.3%	74.9%
Percentage of 13-15 year olds with a complete vaccine series <sup>2</sup>	73.3%	51.8%	75.9%	72.2%	67.7%

Source: Iowa Public Health Data Tracking Portal (2018-2019)

<sup>1</sup>Complete series includes 4 DTAP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, and 4 PCV. <sup>2</sup>Complete series includes 3 Hep B, 1 Meningococcal, 2 MMR, 1TD/Tdap, 2

Varicella.

### PROGRAM HIGHLIGHT: VACCINES FOR CHILDREN PROGRAM

The Vaccines for Children (VFC) Program helps to raise immunization rates among children and infants by reducing the financial barrier. The VFC program purchases vaccines using federal funds to be provided to eligible children at no cost. Eligible children are birth through 18 years of age, and enrolled in Medicaid, are uninsured, are under-insured, or are American Indian or Alaska Native.

In Dallas County, the following providers participate in the VFC program:

Dallas Center Medical Associates, Dallas County Health Department, Jordan Creek Family Medicine, MercyOne Adel Family Medicine, MercyOne Grimes Family Medicine & Pediatric Care, DCH Family Medicine, MercyOne Waukee Family Medicine, MercyOne Waukee Pediatrics, Methodist West Hospital, Redfield Medical Clinic, The Iowa Clinic Waukee, UnityPoint Family Med-Kettlestone, UnityPoint Family Med-UC Lakview, UnityPoint Family Med-Waukee, UnityPoint Family Med-West Des Moines, UnityPoint Pediatrics-Lakeview, and UnityPoint Pediatrics-Waukee.

# Non-Communicable Disease Prevalence

Non-communicable diseases (NCDs) are those that are not transmitted directly from person to person. NCDs include many chronic diseases that result from a combination of biological, environmental, and behavioral factors. NCDs are the leading cause of death worldwide including cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes.

**TABLE 22: NON-COMMUNICABLE DISEASE PREVALENCE IN DALLAS COUNTY**

	Dallas County	Dubuque County	Story County	State of Iowa*
Heart Attack	5.3%	3.4%	2.9%	4.0%
Angina or Coronary Heart Disease	4.5%	3.1%	2.3%	6.3%
Stroke	1.6%	2.0%	1.8%	3.1%
Diabetes	9.7%	12.7%	8.0%	--
Type 1 & Type 2 Diabetes	7.8%	9.9%	6.0%	9.6%
Gestational Diabetes	0.2%	1.1%	1.0%	--
Prediabetes	1.7%	1.7%	1.0%	7.2%
Asthma	10.3%	8.4%	14.8%	--
Overweight or Obesity (BMI >25)	61.4%	66.1%	55.5%	70.1%

Source: Behavioral Risk Factor Surveillance System, 2012-2015; \*Behavioral Risk Factor Surveillance System, 2017

In 2013, the American Medical Association defined obesity as a disease. It is also considered a risk factor for many non-communicable diseases. The 2019 State of Obesity Report illustrates the impact of overweight and obesity levels in the State of Iowa<sup>8</sup>. While below the state average, nearly two thirds of the Dallas County population is overweight or obese.

- 69.5% of adults in Iowa are overweight or obese. Iowa ranks 9<sup>th</sup> in the nation.
- 17.7% of children ages 10-17 in Iowa are obese. Iowa ranks 42 out of 50.
- Only 24.7% of children ages 6-17 in Iowa meet the recommendation of 60 minutes of daily physical activity. This rate increases to 29.4% among high school students.

## SCREENING FOR OBESITY

BMI is a commonly used screening tool for overweight and obesity. However, it is not a stand alone diagnosis.

BMI	Classification
<18.5	Underweight
18.5-24.9	Normal
25-29.9	Overweight
30-34.9	Class 1 obesity
35-39.9	Class 2 obesity
40+	Class 3 obesity

## Non-Communicable Disease Prevalence Continued

The Iowa Cancer Registry estimates the incidence of new invasive cancer cases among Dallas County residents at risk to be 440.9 per 100,000. In 2019, and estimated 350 new cases of cancer were diagnosed adding to the 2,280 individuals currently living with cancer in Dallas County<sup>16</sup>. The five most common cancers among Dallas County residents between 2011-2015 are prostate cancer, breast cancer, lung and bronchus cancer, colorectal cancer, and melanoma of the skin. The leading causes of cancer death in Iowa are lung cancer, breast cancer, prostate cancer, and colorectal cancer<sup>16</sup>.

Rates of cancer in Dallas County have stayed relatively stable across the last ten years. When stratified by age, the rate of breast cancer among those over the age of 50 is 8.85 times the rate of those under 50 years old. This difference is mirrored in the state level data. Other cancer categories were not broken into age strata for analysis.

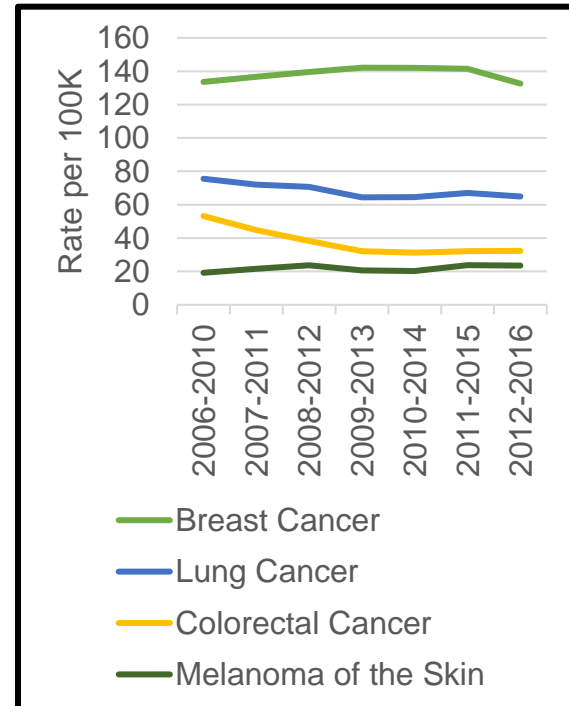
**Note:** Pooling data into 5-year categories allows for analysis of smaller geographic areas. Frequently, data from small population sizes over short time-periods results in very small numbers. To protect the privacy of those included in the data, those points are suppressed and not used for analysis.

**TABLE 23: INVASIVE CANCER RATES, DALLAS COUNTY**

Cancer Site	Age Adjusted Rate per 100,000
Prostate (males only)	97.1*
Breast	132.58
Lung and Bronchus	66.1*
Colon and Rectum	32.41
Melanoma of the Skin	23.49

Source: Iowa Public Health Tracking Portal, 2012-2016; \*Iowa Cancer Registry, 2011-2015

**FIGURE 3: AGE ADJUSTED CANCER RATES, TEN YEAR TRENDS**



Source: Iowa Public Health Tracking Portal, 2006-2016

## Communicable Disease Prevalence

Communicable diseases are those that are easily spread from person to person through blood, bodily fluids, air, or vectors. The best way to prevent the spread to communicable disease is through immunization, proper handwashing, and by practicing healthy behaviors.

**TABLE 24: COMMUNICABLE DISEASE RATE, PER 100,000, BY COUNTY**

Communicable Disease	Dallas County	Dubuque County	Story County	Polk County	Iowa
Campylobacteriosis	44	65	36	60	51
Cryptosporidiosis	13	46	8	13	21
Cycloporiasis	9	4	31	8	7
E. coli (STEC)	13	29	16	17	18
Giardiasis	3	10	6	10	8
Hepatitis B	7	7	11	16	8
Lyme	0	32	1	2	2
Pertussis	2	5	2	2	6
Salmonellosis	29	26	23	33	36
West Nile Virus	1	0	4	2	3

Source: Center for Acute Disease Epidemiology, Iowa Department of Public Health (2018)

Sexually transmitted disease rates have been climbing across the nation. Between 2014 and 2018, the state of Iowa saw a 23% increase in chlamydia rates and a 190% increase in gonorrhea. Dallas County has seen a similar rise with a 30% increase in chlamydia and an 85% increase in gonorrhea since 2014<sup>13, 17</sup>.

**TABLE 25: SEXUALLY TRANSMITTED DISEASE RATE, PER 100,000, BY COUNTY**

Sexually Transmitted Disease	Dallas County	Dubuque County	Story County	Polk County	Iowa
Chlamydia	313	428	643	650	467
Gonorrhea	50	95	91	284	154

Source: Iowa Public Health Data Tracking Portal, 2018

## Mortality

In the last ten years, the top cause of mortality continues to be cancer. While Alzheimer's disease, diabetes mellitus, Parkinson's disease have moved up in rank, the overall prevalence of each of these diseases has been reduced. Intentional self-harm (suicide) is the only cause of mortality among the top ten that has increased over the last decade. However, overall numbers are low and could simply be trending with the population growth. The top causes of mortality across the state of Iowa are diseases of the heart, malignant neoplasms (cancer), cerebrovascular diseases, chronic lower respiratory diseases, and accidents (unintentional injuries) respectively.

**TABLE 26: TOP TEN CAUSES OF MORTALITY IN DALLAS COUNTY, PER 10,000, AGE ADJUSTED, 2008 & 2018**

Rank	2008	Rate	2018	Rate
1	Malignant Neoplasms (Cancer)	17.8	Malignant Neoplasm (Cancer)	13.7
2	Diseases of the Heart	17.4	Diseases of the Heart	12.2
3	Chronic Lower Respiratory Diseases	6.3	Alzheimer's Disease	4.6
4	Cerebrovascular Diseases	5.4	Chronic Lower Respiratory Diseases	4.0
5	Accidents (Unintentional Injuries)	4.0	Cerebrovascular Diseases	3.4
6	Alzheimer's Disease	5.1	Accidents (Unintentional Injuries)	2.9
7	Influenza and Pneumonia	2.3	Diabetes Mellitus	1.7
8	Diabetes Mellitus	1.9	Parkinson's Disease	1.5
9	Parkinson's Disease	1.5	Intentional Self-Harm (Suicide)	1.0
10	Intentional Self-Harm (Suicide)	--	Influenza and Pneumonia	0.7

Source: Iowa Public Health Tracking Portal

Alcohol related driving deaths in Dallas County are nearly twice the state average and significantly higher than other counties comparable in size. Among car crashes involving fatal and/ or serious injuries, 21% involved impaired drivers<sup>18</sup>.

**TABLE 27: ALCOHOL RELATED DRIVING DEATHS, BY COUNTY**

	Dallas County	Dubuque County	Story County	Iowa
Percentage of driving deaths with alcohol involvement	54	29	14	28

Source: County Health Rankings (2019)

According to the 2018 Iowa Youth Survey, 8.9% of Dallas County students, grade 6-11, made a plan to kill themselves in the past 12 months. That is significantly higher than rates in the 2016 & 2012 survey but not the 2014 survey and the 2018 state average.

## Mortality continued

In Dallas County the top cause for hospitalization or EMS transport is falls. Individuals aged 65+ years old are at increased risk of falling. Compared to the rest of the country, the rate of death related to falls is elevated in Iowa.

**TABLE 28: ESTIMATED HOSPITALIZATIONS, DEATHS, AND HOSPITAL CHARGES FROM FALLS, 2010-2014**

	Dallas County	State
Hospitalizations	728	54,447
All Ages (per 1000)	2.1	3.6
50-64 years old (per 1000)	2.1	2.7
65+ years old (per 1000)	13.7	17.2
Deaths from Falls	11	2,323
All Ages (per 1000)	3.0	15.1
50-64 years old (per 1000)	1.7	6.5
65+ years old (per 1000)	23.8	85.9
Hospitalization Charges	\$28,668,111	\$1,625,126,573
Average Charges	\$39,379	\$29,848

Source: *Falls in Iowa: County Deaths and Hospitalizations*, Iowa Department of Public Health

### State Statistics for Iowa<sup>19</sup>

- Rate of Falls among older adults: 31.8%
  - National average: 30
- Falls-related deaths (per 100,000): 92
  - National average: 71
- Total Costs of Falls (millions): \$432

**31.8%**

Rate of falls among  
Older Iowans

**71**

Falls-related death rate  
(per 100,000)

**\$432 million**

Total cost of falls in  
Iowa



# Highlights from Key Informant Interviews

## Interviews with City/County Leaders

In order to better understand the specific needs of individual communities in Dallas County, City and County leaders were interviewed. Interviewees were asked about community strengths, common community needs, aspects of the community that promote health, aspects of the community that are a barrier to health, and their vision of a “healthy community”. Twelve interviews were completed with 22 participants serving 11 cities as well as the Dallas County Board of Health. Interviews were transcribed and analyzed using qualitative methods. Nine key themes were identified as a result.

### **#1: Parks, Greenspace, & Trails**

Every interviewee discussed the importance of having access to greenspace or trails for the health of their communities. Several expressed the desire to expand access to these spaces so that more individuals could utilize them.

### **#2: Walkability, Sidewalk Accessibility, & Community Connectivity**

83% of interviewees discussed how the health of their residents could be improved by assuring neighborhoods are connected and walkable. Several communities discussed how they are implementing policies and planning to assure future development has safe, quality, connected sidewalks.

### **#3: Opportunities for Recreation & Community Activities**

83% of interviewees mentioned that having community activities was an asset to the health of their community. Many also discussed the need to expand programming to be inclusive across the age spectrum.

### **#4: Food Access & Security**

75% of participants said that healthy food options were lacking in their communities, acknowledging that access to easy and affordable healthy options influences an individual’s nutrition choices. Further, 67% interviewees stated that food insecurity was a problem among their residents.

## Interviews with City/County Leaders continued

### **#5: Community Visioning & City Planning**

Eight of the eleven communities interviewed stated that they had gone through, or are planning to participate in, a community visioning or city planning process. Participants discussed how this was especially important in addressing the built environment components of health.

### **#6: Nutrition Education, Community Gardening & Food Initiatives**

A majority of participants (67%) mentioned the need for increased nutrition education opportunities for their residents. All four communities participating in the Pop Up Produce program talked about how residents had easier access to eat and try new fruits and vegetables throughout the year.

### **#7: Spaces to Exercise & Recreational Facilities**

67% of interviewees stated that there was a need for safe spaces for people to be active year round. Many expressed the desire for an indoor recreational center in their communities.

### **#8: Strong Sense of Community**

Participants in seven out of the eleven cities interviewed talked about how having a strong sense of community was their biggest strength. Several further emphasized how important it was to create a sense of belonging to improve the health of their residents.

### **#9: Places for People to Come Together**

Half of all participants mentioned that there was a lack of places for people to come together, to socialize and build supportive relationships.

Several additional themes presented in multiple, but less than a majority of interviews. They include:

- **Access to Health Care**
- **Community Engagement**
- **Low Incomes / Financial Security**
- **Public Transit Availability**
- **Substance Use & Mental Health**
- **Safe & Affordable Housing**

## Peer-Led Student Focus Group

Students from the Waukeel Community School District APEX program led two focus groups of their peers to help the county better understand what issues are important to youth & young adults. Eighteen high school students attended the focus group. The students identified four key themes that their peers stated were important for their overall health and the health of their community.

### **#1: Mental Health**

Mental health was the top concern expressed by the high schoolers participating in this focus group. Students expressed specific concerns with the rate of suicide, the levels of stress, as well as the lack of overall awareness of mental illness and where they can go for help if they are struggling. Students suggested integrating mental health education into the existing curriculum to provide them with information and skills that will benefit them throughout their lives.

### **#2: Overall Wellness**

Students discussed the connection between stress, sleep and nutrition. They further explained how the stress of completing their school responsibilities inhibits their sleep. The problem is further exacerbated, they explained, when time spent preparing a healthy breakfast or snack is replaced with sleeping in or a nap. Students then attend school tired and un-energized, which causes them to stress about the work they need to complete.

### **#3: Substance Abuse**

Drugs, alcohol, and smoking were concerns among the focus group participants. The substances participants were particularly concerned about included vaping & e-cigarettes, marijuana, and alcohol. They stated that stress might partially contribute to substance use among their classmates.

### **#4: Social Media**

Focus group participants discussed the effect that social media plays on their sense of self. Students acknowledged that its use has become an addiction that is difficult to cut. Further, students identified that social media is often a source of peer pressure and longing for acceptance.

# Key Findings from 2019 CHNA Survey

Through the assistance from community partners, 395 surveys were collected from those that live or work in Dallas County. The 2019 CHNA Survey collected data on the perceived needs & strengths of the community's health, the ranking of both perceived personal health and the health of the county at large, the quality of life in Dallas County, and basic demographic information.

Demographic data was collected to assure survey results reflected the population of Dallas County. The breakdown of responses is displayed in Table 29. Results showed that there was slight under-representation from urban, Hispanic/Latino, and Asian/Asian American communities; individuals identifying as female or age 35-44 were over-represented.

**TABLE 29: DEMOGRAPHICS OF 2019 CHNA SURVEY PARTICIPANTS**

Demographic Indicators	2019 CHNA Survey	Dallas County Estimate
<b>Geographic Indicators</b>		
Urban Zipcodes	51%	76%
Rural Zipcodes	44%	24%
Non-Dallas Zipcodes <sup>1</sup>	<1%	0%
<b>Gender Indicators</b>		
Female	78%	50%
Male	22%	49%
Non-binary <sup>2</sup>	<1%	-
<b>Age Indicators</b>		
15-18	3%	4%
18-24	2%	7%
25-34	18%	15%
35-44	37%	16%
45-54	20%	13%
55-64	12%	10%
65+	8%	11%
<b>Race/Ethnic Group Indicators<sup>3</sup></b>		
White or Caucasian	94%	91%
Black or African American	1%	1%
Hispanic or Latino	3%	6%
Asian or Asian American	1%	4%
American Indian or Alaska Native	2%	<1%
Native Hawaiian or Pacific Islander	1%	<1%
Other	1%	1%

<sup>1</sup>Survey was open to those that work in Dallas County but may not live within the county. <sup>2</sup>Census data did not include a non-binary category for comparison. <sup>3</sup>Respondents could choose multiple options.

## Community Health

Survey respondents were asked a series of questions to better understand their perception of the community's health. The top ten responses are reported in Tables 30-33. Respondents rated the overall health of Dallas County at 3.5 on a five point Likert scale.

**TABLE 30: TOP TEN IMPORTANT FACTORS FOR A "HEALTHY COMMUNITY"**

Factor	Percent Reported
Access to Healthcare	52%
Good Jobs & Healthy Economy	34%
Healthy Behaviors & Lifestyles	34%
Low Crime / Safe Neighborhoods	32%
Good Schools	32%
Affordable Housing	28%
Clean Environment	20%
Good Place to Raise Children	20%
Strong Family Life	19%
Parks & Recreation	14%

**TABLE 31: TOP TEN IMPORTANT "HEALTH PROBLEMS" IN DALLAS COUNTY**

Factor	Percent Reported
Mental Health	52%
Overweight / Obesity	34%
Lack of Physical Activity	31%
Poor Eating Habits	29%
Drug Abuse	25%
Tobacco Use	18%
Aging Problems	18%
Cancer	16%
Alcohol Abuse	14%
Heart Disease & Stroke	11%

## Community Health continued

**TABLE 32: TOP "NEEDS" TO IMPROVE HEALTH FOR SELF, FAMILY, & NEIGHBORS**

Factor	Percent Reported
Mental Health Services	60%
Healthier Food	46%
Recreation Facilities	44%
Wellness Services	43%
Safe Places to Walk / Play	34%
Job Opportunities	29%
Substance Abuse Rehabilitation Services	25%
Transportation	23%
Specialty Physicians	11%

**TABLE 33: TOP TEN HEALTH SCREENINGS OR EDUCATION REQUESTED**

Factor	Percent Reported
Mental Health	72%
Exercise / Physical Activity	50%
Nutrition	45%
Substance Abuse	34%
Vaccination / Immunizations	26%
Diabetes	25%
Cancer	24%
Blood Pressure	22%
Dental Screenings	21%
Emergency Preparedness	21%

## Individual Health

Survey respondents were asked a series of questions to better understand perceptions of individual health and preferred sources of health information. Responses are reported in Tables 34-35. On average, individuals ranked their personal health at a 3.5 on a five point Likert scale.

**TABLE 34: TOP TEN SOURCES OF HEALTH INFORMATION**

Factor	Percent Reported
Doctor / Health Professional	86%
Internet	61%
Family or Friends	33%
Newspaper / Magazines	14%
Hospital	12%
School	11%
Health Department	9%
Television	8%
Library	3%
Radio	3%

**TABLE 35: TOP CHOICES FOR MEDICAL CARE IF ILL**

Factor	Percent Reported
Doctor's Office	75%
Walk In / Urgent Care Center	32%
Clinic	13%
Emergency Department	9%



## Quality of Life

Survey respondents were asked to what extent they agreed with several quality of life statements on a five point Likert scale. Responses are reported in Table 36.

**TABLE 36: QUALITY OF LIFE STATEMENTS**

Statement	Weighted Average
I am satisfied with the quality of life in our community	3.5
I am satisfied with the health care system in this community	3.1
This community is a good place to raise children	4.2
This community is a good place to grow old	3.2
There is economic opportunity in the community	2.9
This community is a safe place to live	3.9
There are networks of support for individuals and families.	3.2
All residents believe that they, individually or collectively, can make the community a better place to live.	3.7

## Healthier Community Descriptions

Respondents reported a variety of descriptions of a Healthy Dallas County. The most common response included having increased knowledge of, and access to mental health services as well as educational opportunities on mental health. Many respondents also noted that a healthy community would contain supportive neighbors and have people willing to come together to be there for each other. Access to fresh, nutritious, and affordable food, people outdoors being active and exercising, and spaces for recreation, community based nutrition education, and accessible, affordable healthcare were all listed as top descriptors of a healthy Dallas County. At least 10% of “Healthy Dallas County” descriptions included walkability, increased services and education on substance use, and frequent community activities. A summary of the top themes identified can be found in Table 37; 139 individuals provided a description.

**TABLE 37: THEMES FROM "HEALTHY DALLAS COUNTY" DESCRIPTIONS**

<b>“Healthier Community” Theme</b>	<b>Percent</b>
Mental Health (Access to Services & Community Education)	19%
Support from Neighbors & Community	17%
Accessible, Fresh, Nutritious, & Affordable Food	17%
People being Active or Exercising	14%
Spaces for Recreation (Trails, Greenspace, & Community Spaces)	14%
Nutrition (Education Opportunities & Nutrition Literacy)	13%
Accessible, Affordable, Local Healthcare	11%
Walkable Neighborhoods	10%
Substance Abuse (Access to Services & Community Education)	10%
Community-Based Activities & Volunteerism	10%
Community-Based Health Screenings & Education	8%
Biking Opportunities & Utilization	7%
Less Fast Food Options	6%
Accessible Community Resources & Outreach	6%
Environmental Stewardship (Water Quality, Recycling, Beautification)	6%
Public Transit	6%
Affordable Housing	5%
Economic Equity, Livable Wages	5%

## Health Community Descriptions continued

### A Healthy Dallas County is:

“A place where the community has access to physical, mental, and spiritual health; where the community comes together as a family.”

### It is a community where:

“More people enjoy the outdoors or affordable activities like a walking club or yoga in the park.”

“Healthy choices are affordable.”

“Collective groups of neighbors, friends, colleagues, and organizations strive to improve overall health and wellbeing, and interact in positive ways to enhance the livelihood of the community.”

“[there is a] willingness to discuss and proactively train against racism and cultural biases, including implicit biases”

“Everyone understands how to be healthy and has the tools and support to improve or maintain their health”

### A Healthy Dallas County has:

“Lots of neighborhood centered activities for people of all ages; multiple ways for people to connect.”

“Less fast food restaurants, more affordable fresh produce, more indoor (year round) family friendly recreational facilities built into neighborhoods.”

“More [mental health] resources for people as well as more awareness.”

“Easier access to healthcare for non-English speaking residents; decreased wealth inequality gap; access to healthier food choices; and transportation to doctor, grocery store, etc.”

“Safe places to exercise and be outdoors.”

“Job opportunities that provide stable income and healthcare for families so that families can go to the doctors, dentists, etc. and get the resources necessary to make better healthy decisions”

“Opportunities to learn about being healthy and access locally grown food”

# Summary of 2019 CHNA Workshop

Data collected through the needs assessment process were presented to community partners at the 2019 Community Health Needs Assessment Workshop. Through a Consensus Workshop process, participants used the results of the data collection to identify nine areas of focus for 2020-2022.

**FIGURE 4: 2019 CHNA WORKSHOP QUESTION**

**What is needed to improve the health and well-being of Dallas County Residents?**

The nine health priority areas identified are listed below with a description and rationale supporting each category.

## Housing

Housing is healthcare in the sense that your environment greatly effects your health outcomes. Workshop participants listed quality, affordable housing as a top issue, particularly noting the lack of shelters in Dallas County.

### **The Data:**

In Dallas County, 20% of households are considered housing-burdened indicating that more than 30% of their monthly income is spent on housing<sup>1</sup>. A further 22.4% of Dallas County residents report housing problems such as incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, or cost burden greater than 30% of income. Nearly 10% report severe housing problems including incomplete kitchen facilities, incomplete plumbing facilities, more than 1.5 persons per room, or cost burden greater than 50% of income<sup>20</sup>. In a February 2019 point-in-time count, the Institute for Community Alliances reported 81 individuals experiencing homelessness in Dallas County<sup>21</sup>.

## Mental Health Stability, Awareness, and Intervention

Quality mental health is desired for all Dallas County residents and acknowledged as a key component in overall wellness. Workshop participants noted a desire for increased education on the mental health services available, work to reduce the stigma surrounding mental illness, innovation to improve access to services and supports, and collaboration across sectors to assist all residents in achieving optimal mental health.

### The Data:

Access to mental health services and a basic understanding of mental health proved a top priority among the public, city leaders, and workshop participants. In Dallas County, 8 beds are available for those experiencing a mental health crisis. Nearly 1 in 4 residents have reported that their mental health was not good for over half the month<sup>22</sup>. Dallas County has a rate of 3230 residents per mental health provider; four and a half times the state average<sup>23</sup>.

## Education & Advocacy on Addictions

Use of alcohol, tobacco, illicit substances, and other addictions can influence health both directly and indirectly. Workshop participants stated that there was a need for increased public education on substance abuse and vaping. Gambling and social media addictions were also considered important risk factors to health.

### The Data:

According to the Iowa Youth Survey, 16% of Dallas County youth have used an electronic cigarette with 8% having used one in the last 30 days<sup>24</sup>. In Iowa, alcohol poisoning causes nearly three times more deaths than opioids and psychostimulants. Among Dallas County adults, 26% report binge drinking in the last 30 days; the state average is 21%<sup>13</sup>. Among driving deaths reported in Dallas County, 54% involved alcohol<sup>23</sup>.

## Education & Collaboration across Agencies

Health is complex and requires cross-sector collaboration to be truly successful. Workshop participants expressed a desired for agencies across the county to work together more and be less silo-ed so that there was both an increased awareness of the resources available and a better understanding of how to access them. Additionally, countywide efforts to increase health literacy, financial literacy, and social connection for all residents was desired.

## Supporting Parents & Caregivers

Parents are raising our next generation of citizens and need supports in place to help them and their children be happy and healthy. Workshop participants identified the need for affordable, quality childcare options, respite services for families/children with special needs, and accessible, affordable health and wellness services for preventative care.

### The Data:

In Dallas County, 4.4% of children have been involved in a confirmed child abuse/neglect case; the state average is 12.9%<sup>6</sup>. The top expense for low-income families is childcare. The average annual cost for an infant at a licensed childcare center is over \$10,000<sup>25</sup>. Dallas County has 113 child care programs with a total of 7,236 spaces; 69 of the programs accept DHS Child Care Assistance. Before taxes, a Dallas County family will pay an average of 11% of their income on childcare for a licensed center or 8% for a registered home<sup>26</sup>.

## Cultural Equity

Dallas County is a diverse community where differences should be celebrated. Workshop participants acknowledged the need to assure that all services in the county are accessible to all residents regardless of age, socio-economic status, race, ethnicity, national origin, sex, sexual orientation, and gender identity (including gender expression).

### The Data:

Nearly 10% of households in Dallas County speak a language other than English<sup>1</sup>. In some school districts 20+ languages are spoken.

## Physical Activity

Regular physical activity improves health outcomes and protects against onset or worsening of chronic diseases. Workshop participants voiced the need for both infrastructure developments to expand spaces for recreation as well as community programming to encourage their use for residents of all incomes and abilities.

### The Data:

Among Dallas County residents, 22% lack adequate access to locations for physical activity<sup>23</sup>. Additionally, 21.9% of residents are physically inactive<sup>23</sup>. The majority of communities in Dallas County are car dependent, without the infrastructure to motivate residents to complete daily tasks on foot.

## Food & Nutrition

Nutrition and food security contribute to the health and well-being of the entire family by providing the necessary nourishment but also reduced stress responses. Workshop participants recognized the need for accessible healthy options, including food pantries, mobile pantries, and community gardens, as well as the nutrition education to help understand how to purchase, store, and prepare healthy options.

### **The Data:**

In Dallas County, 7.6% of residents have reported food insecurity. Food insecurity rates increase to 11.6% for children under the age of 18 years<sup>10</sup>. Food insecurity costs Dallas County residents an additional \$1,400 annually in health care expenditures. Among Dallas County students, 22.4% are eligible to receive free-reduced lunch; some schools report over 70% eligibility<sup>27</sup>.

## Transportation & Mobility

The ability to get around influences access to healthy foods, spaces for physical activity, connection to one another, and compliance with medical appointments. Workshop participants agreed that communities with public transportation options, connected & functional sidewalks, and trail systems with desirable destinations are important for the health and well-being of all residents.

### **The Data:**

With an average walk-score of 28, walkability is limited in Dallas County and the majority of the county is car-dependent. The Raccoon River Valley Trail connects eight Dallas County communities with multi-use pathways. In FY18, 29,226 residents utilized public or volunteer transportation services in Dallas County.



# Recommendations

This Community Health Needs Assessment for Dallas County was compiled so any agency could utilize it to improve the health and well-being of Dallas County residents. In order to make lasting systemic change to improve health, collaborative action will be needed from all sectors.

The 2019 Community Health Needs Assessment can be used to:

- Direct strategic planning & agency goals
- Guide & evaluate programming
- Apply for funding
- Communicate need in the county
- Inform policy

For questions or specific data requests please contact:

**Abigail Chihak, MSW, MPH**

Community Health Administrator

Dallas County Health Department

515-993-3750

[abigail.chihak@dallascountyiowa.gov](mailto:abigail.chihak@dallascountyiowa.gov)

# Appendix A: List of Tables and Figures

Table 1: Dallas County, Iowa Population by City .....	7
Table 2: Population by Age .....	8
Table 3: Population by Race & Ethnicity .....	8
Table 4: Youth Identified Social Support in Dallas County, Grades 6-11 .....	10
Table 5: Gallup Well-Being Index, Des Moines-West Des Moines MSA, 2018.....	11
Table 6: Child Abuse and Neglect in Dallas County, 2015-2018.....	12
Table 7: Dallas County Economic Indicators by City .....	13
Table 8: Economic Indicators by County .....	13
Table 9: Education Indicators by County .....	15
Table 10: Public School Districts Serving Dallas County, Iowa .....	16
Table 11: Educational Attainment by County.....	16
Table 12: Nutrition Indicators, State & National.....	17
Table 13: Dietary Intake Recommendation Achievement, State & National .....	18
Table 14: Food Assistance Program Utilization, State & National.....	18
Table 15: Free & Reduced Lunch by Public School District .....	19
Table 16: Access to Health Care by County .....	20
Table 17: Dallas County Walkability and Bikeability by City .....	21
Table 18: Housing Burden in Dallas County .....	22
Table 19: Behavioral Risk Factors, by County.....	23
Table 20: Behavioral Risk Factors in Youth.....	23
Table 21: Immunization Rates, by County.....	24
Table 22: Non-Communicable Disease Prevalence in Dallas County.....	25
Table 23: Invasive Cancer Rates, Dallas County .....	26
Table 24: Communicable Disease Rate, Per 100,000, by County .....	27
Table 25: Sexually Transmitted Disease Rate, Per 100,000, by County.....	27
Table 26: Top Ten Causes of Mortality in Dallas County, per 10,000, Age Adjusted, 2008 & 2018 .....	28
Table 27: Alcohol Related Driving Deaths, by County .....	28
Table 28: Estimated Hospitalizations, deaths, and Hospital Charges from Falls, 2010-2014.....	29
Table 29: Demographics of 2019 CHNA Survey Participants .....	33
Table 30: Top Ten Important Factors for a "Healthy Community" .....	34
Table 31: Top Ten Important "Health Problems" in Dallas County.....	34
Table 32: Top "Needs" to Improve Health for Self, Family, & Neighbors .....	35
Table 33: Top Ten Health Screenings or Education Requested .....	35
Table 34: Top Ten Sources of Health Information .....	36
Table 35: Top Choices for Medical Care if Ill.....	36
Table 36: Quality of Life Statements.....	37
Table 37: Themes from "Healthy Dallas County" Descriptions.....	38
Figure 1: Social Vulnerability in Dallas County .....	10
Figure 2: Dallas County ALICE Households, 2016.....	14
Figure 3: Age Adjusted Cancer Rates, Ten Year Trends .....	26
Figure 4: 2019 CHNA Workshop Question .....	40

# Appendix B: References

- <sup>1</sup> American Community Survey 5 Year Estimates, 2013-2017
- <sup>2</sup> Artiga, S. & Hinton, E. (2018). Beyond health care: The role of social determinants in promoting health and health equity. *Kaiser Family Foundation*. <https://bit.ly/2saPkXh>
- <sup>3</sup> Uchino, B. (2006). Social support and health: A review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine* 29(4): 377-387. DOI: 10.1007/s10865-006-9056-5
- <sup>4</sup> Gallup-Sharecare State of American Well-Being, 2017 Community Rankings.
- <sup>5</sup> Iowa Department of Human Services. (2018). Child Welfare Data Report.
- <sup>6</sup> Kids Count Data Center, 2013-2017
- <sup>7</sup> Annie E. Casey Foundation. (2010). Early warning! Why reading by the end of third grade matters. *2010 Kids County Special Report*
- <sup>8</sup> Hahn, R.A. & Truman, B.I. (2015). Education improves public health and promotes health equity. *International Journal of Health Services* 45(4): 657-678
- <sup>9</sup> United States Department of Agriculture, Economic Research Service, "Definitions of Food Security", <https://bit.ly/37g4V7u>
- <sup>10</sup> Feeding America Map the Meal Gap Report (2018).
- <sup>11</sup> Lee, Kwan, S.H., Moore, L.V., Blanck, H.M., Harries, D.M., & Galuska, D. (2017). Disparities in state-specific adult fruit and vegetable consumption- United States, 2015. *MMWR Morbidity and Mortality Weekly Report* 2017; 66:1241-1247
- <sup>12</sup> Health Resources & Services Administration. 2019. Federal Register Notice <https://bit.ly/36dhmzu>
- <sup>13</sup> Iowa Public Health Tracking Portal, 2018
- <sup>14</sup> Powell, K.E., Martin, L.M., & Chowdhury, P.P. (2003). Places to walk: Convenience and regular physical activity. *American Journal of Public Health* 93(9): 1519-1521.
- <sup>15</sup> Central Iowa Regional Housing Authority, October 2019 Report
- <sup>16</sup> West, M.M., Bentler, S.E., Charlton, M.E., Kahl, A.R., Olson, D.B., Platz, C.E., Askelson, N.A., Weiner, G., & Lynch, C.F. (2019). Cancer in Iowa. *University of Iowa College of Public Health*.
- <sup>17</sup> Centers for Disease Control and Prevention. (2019). Sexually Transmitted Disease Surveillance, 2018. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; Atlanta GA.
- <sup>18</sup> Iowa DOT, Local Road Safety Plan Dallas County Workshop
- <sup>19</sup> Collins, S.M., & Casey, Jr., R.P. (2019). Falls Prevention: national, state, and local solutions to better support seniors. *Special Committee on Aging, United States Senate*.
- <sup>20</sup> Comprehensive Housing Affordability Strategy (2012-2016). *U.S. Department of Housing and Urban Development. Office of Policy Development and Research*
- <sup>21</sup> Snapshot of service and shelter use: Iowans experiencing homelessness. (2019). Institute for Community Alliances
- <sup>22</sup> Behavioral Risk Factor Surveillance System (2012-2015)
- <sup>23</sup> 2019 County Health Rankings. *Robert Wood Johnson Foundation*
- <sup>24</sup> Iowa Youth Survey, Dallas County Results, 2018
- <sup>25</sup> The Cliff Effect. (2019). *United Way of Central Iowa*.
- <sup>26</sup> 2019 Data on Child Care. (2019). *Iowa Child Care Resource & Referral*.
- <sup>27</sup> 2018-2019 Iowa Public School K-12 Students Eligible for Free and Reduced-Price Lunch by District. (2019). *Iowa Department on Education*.